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required)

Examiner Name

	*						
I hereby declare that:							
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.							
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							for
GEAR ASSEMBLY	-						
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		(Title of the In	vention)				
the specification of which		•					
is attached hereto							
OR							
was filed on (MM/DD/Y	YYY)	03/22/2005	as Unit	ted States Applica	ation Numb	ber or PCT Inter	national
, pp. load of , training ,	32005/001087	and was amended of					olicable).
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							ms, as
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for							
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Prior Foreign Application		Foreign Filing D		Priority		rtified Copy Att	
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Additional foreign app	olication numbe	ers are listed on a sur	plement	al priority data sh	eet PTO/S	B/02B attached	hereto.

[Page 1 of 2] This collection of Information is required by 35 U.S.C. 115 and 37 CFR 1.33. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO is process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 27 minutes to complete, including pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burriers, should be sent to the Crief information Officer, U.S. Pederate and Trademark folice, U.S. Department of Commence, P.O. Bost 1450, Massandria, V.2231-4450. DN 675 SEND TO: Commissioner for Patients, P.O. Bost 1450, Bost 450, DN 675 SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Bost 1450, Bost 1450, DN 675 SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.

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NAME OF SOLE OR FIF	RST INVENTOR:		petition has been file				
Given Name (first and mi	iddle [if any])		Family	Name or Surna	me		
RISTAN RICHARD GHISLA	AIN		DAVEN	NE			
Inventor's Signature					Date		
Residence: City	State		Country	Citizer	nship		
Shoreham-By-Sea, West Sus	ssex	UNITE		UNITED	KINGDOM		
Mailing Address ADELAIDE SQUARE							
City	State		Zip	T	Country		
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DECLARATION		Suppleme	ntal S	Sheet	Pac	1e 1 of 1	
Name of Additional Joint Inventor, if any:		A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any)	Family Name or Surname						
JOHN CAMBRIDGE		SMITH					
Inventor's Signature					Date	11/12/2006	
STEYNING, WEST SUSSEX Residence: City	State		UNITI	ED KINGDOM Intry	UNITE	D KINGDOM nship	
NORTHPOINT THE DRIFTWAY UPPER BEEDING							
Mailing Address	ı		_	r	г —		
STEYNING, WEST SUSSEX City	State			BN44 3JX Zip	Coun	D KINGDOM Try	
Name of Additional Joint Inventor, if any	y:	A pet	tition I	has been filed for this u	nsigned	inventor	
Given Name (first and middle (if any)	Family Name or Surname						
Inventor's Signature					Date <sup>-</sup>		
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Name of Additional Joint Inventor, if any	y:	L A per	tition I	has been filed for this u	nsigned	inventor	
Given Name (first and middle (if any))	Family Name or Surname						
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